

OBJECTIVES: To estimate the annual number and frequency of medical consultations for EGW in dermatology, gynecology, proctology and in Sexually Transmitted Disease Clinics (STDC) in France. **METHODS:** This is an observational study with patients recruited prospectively from representative physicians samples. Data related to the management of EGW was retrieved for all patients suffering from EGW and willing to take part in the study, during one 2-week period in June 2004. **RESULTS:** The patients (n = 308) were recruited by the physician sample that included 198 gynecologists, 102 dermatologists, 50 proctologists and 122 physicians working in 51 STDCs. The annual number of consultations for EGW is estimated at 423,751 (36% for dermatologists, 53% for gynecologists, 6% for proctologists, 5% in STDC). The annual number of visits for a new episode of EGW amounted to 160,247, representing 38% of the consultations. The annual frequency of consultation is 1.1 to 1.4% for dermatologists and gynecologists and 4.4% to 5.1% for proctologists. Almost half of the patients (43%) were seeking care because of an EGW recurrence. EGW are treated using pharmacological treatments and in-office procedures (electrocoagulation, cryotherapy, surgery, laser). Imiquimod treatment is used as first-line therapy is 40% of patients with a first episode of EGW and in 38% of patients presenting for an EGW recurrence. **CONCLUSION:** Gynecologists are the most consulted specialists for EGW and proctologists have the highest annual frequency of consultation. Various treatments are used to manage EGW patients.

PSN8

EXAMINATION OF ADHERENCE TO PHARMACOTHERAPY TREATMENT GUIDELINES IN PATIENTS WITH PSORIASIS IN THE UNITED STATES

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OBJECTIVE: The American Academy of Dermatology guidelines provide a standard for appropriate pharmacological therapy in psoriasis treatment. This survey study examined if patients with severe psoriasis were on appropriate medications. **METHODS:** A survey for this study was conducted by the National Psoriasis Foundation between November and December 2004. A total of 400 interviews (telephone n = 188 and online n = 212) were held with psoriasis and psoriatic arthritis respondents. The respondents were asked questions regarding their psoriasis. Some of these pertained to the type of medication participants were currently using. Respondents chosen from a random sample were screened for a mix of gender and age. Severity was categorized according to self-reported body surface area involvement. Descriptive data were generated to determine demographic characteristics of study population and prescription patterns. **RESULTS:** Approximately 55% of the population had severe psoriasis. Almost 50% of the population was on topical therapy while 32% of the study sample was using systemic medications for their psoriasis. About 19% of the study population indicated that they were currently not on any treatment. Almost 54% of these were suffering from severe psoriasis. A total of 157 patients with severe psoriasis were on some form of topical therapy, however, only 63 of these were on concurrent recommended systemic therapy. As much as 60% of the patients with severe psoriasis were on some form of topical therapy alone to treat their psoriasis. **CONCLUSIONS:** Even with such easily accessible guidelines in place, this study finds that there are several people suffering from severe psoriasis that are not on the recommended therapy in the United States. There remains a need to inform both the patients and physicians about

appropriate pharmacotherapy to avoid further worsening of health status of the patients involved.

PSN9

PATTERNS OF TOPICAL ACNE PRESCRIPTION MEDICATION USE: ANALYSIS OF A LARGE-SCALE RETROSPECTIVE CLAIMS DATABASE

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OBJECTIVES: To examine one-year patterns of topical acne prescription medication use among enrollees of a US national pharmacy benefits management system. **METHODS:** We conducted a one-year, retrospective, longitudinal cohort study of pharmacy claims (i.e., prescription fills) for topical acne prescription medications among continuously enrolled patients with at least one claim for: retinoids (tazarotene, retinoic acid) or antimicrobials (erythromycin, erythromycin with benzoyl peroxide, clindamycin, clindamycin with benzoyl peroxide, azelaic acid, sulfacetamide, benzoyl peroxide). We examined patient characteristics (age, gender), proportion of patients using topical medications as monotherapy or in combination with other targeted medications, and average number of targeted medication claims per patient. **RESULTS:** Among 76,407 identified patients, 11.4% were under age 14, 35.3% age 14 to 17 years, 19.1% age 18 to 24 years, 9.2% age 25 to 31 years, 8.3% age 32 to 38 years, 6.9% age 39 to 45 years, and 9.8% over 45 years. Sixty-four percent were female. Three quarters (74%) of patients used only one targeted topical acne medication (i.e., monotherapy) throughout the index year. Among patients receiving monotherapy, total average number of claims was 2.3 (erythromycin, 1.7 claims; erythromycin with benzoyl peroxide, 2.4; clindamycin 2.8; clindamycin with benzoyl peroxide 2.7; azelaic acid, 2.3; benzoyl peroxide, 2.8; sulfacetamide, 1.9; retinoids, 2.0). Among patients receiving combined therapy, total average number of antimicrobial claims was 2.2 and total number of retinoid claims was also 2.2. Number of claims, types of topical acne prescription medications, and other patterns of use did not significantly differ by age or gender. **CONCLUSIONS:** Overall, patients had approximately two targeted prescriptions fills over a one-year index period. Rates of prescription fills did not differ by class of medication, patient age, or gender. Assumptions that females or older patients are more compliant with their topical prescription acne regimens were not supported by our findings.

PSN10

THE RISE OF THE GENERIC DRUG MARKET: IMPLICATIONS FOR THE TREATMENT OF SKIN DISEASES

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OBJECTIVE: In spite of a significant growth in comparatively inexpensive generic medications, the bioavailability concerns associated with dermatological drugs make the generic substitution practices controversial for skin conditions. The objective of this study was to analyze the trends in branded and generic drugs used in dermatological conditions from 1990–2003. It also analyzed the overall trend in branded and generic drugs in the United States. **METHODS:** A number of summary databases including the National Ambulatory Medical Care Survey (NAMCS), NDC Health Corporation's Pharmaceutical Audit Suite (PHAST) database, and the Food and Drug Administration resources from 1990–2003 were analyzed to obtain and compare information on the manufacturing, production, patents and prescription of branded and generic drugs. These data were examined to